



## DIVISION OF MEDICAL SERVICES PROVIDER BULLETIN

Volume 28 Number 15

<http://www.dss.mo.gov/dms>

October 27, 2005

### AMBULATORY SURGICAL CENTER (ASC) BULLETIN

#### CONTENTS

- **AMBULATORY SURGICAL CENTER (ASC) PROCEDURE CODE UPDATES**

#### **AMBULATORY SURGICAL CENTER (ASC) PROCEDURE CODE UPDATES**

The Division of Medical Services (DMS) is adding to and deleting from the list of Medicaid-covered ASC codes to reflect updates to the list of procedures determined by the Centers for Medicare and Medicaid Services (CMS) to be appropriate for the ASC setting. The CMS updates were published in the May 4, 2005 *Federal Register* (70-CFR 23690).

The following codes are being added to the list of Medicaid-covered ASC codes effective for services performed on or after November 1, 2005:

PROCEDURE CODES	DESCRIPTION	ALLOWED AMOUNT
15001	Skin graft add-on	\$333.00
15836	Excise excessive skin tissue	\$510.00
15839	Excise excessive skin tissue	\$510.00
19296	Place po breast cath for rad	\$1,339.00
1929650	Place po breast cath for rad	\$2,008.50
19298	Place breast rad tube/caths	\$333.00
1929850	Place breast rad tube/caths	\$499.50
21120	Reconstruction of chin	\$995.00
21125	Augmentation, lower jaw bone	\$995.00
28108	Removal of toe lesions	\$446.00
29873	Knee arthroscopy/surgery	\$510.00
2987350	Knee arthroscopy/surgery	\$765.00
30220	Insert nasal septal button	\$510.00
31545	Remove vc lesion w/scope	\$630.00

PROCEDURE CODES	DESCRIPTION	ALLOWED AMOUNT
31546	Remove vc lesion scope/graft	\$630.00
31603	Incision of windpipe	\$333.00
31636	Bronchoscopy, bronch stents	\$446.00
31637	Bronchoscopy, stent add-on	\$333.00
31638	Bronchoscopy, revise stent	\$446.00
33212	Insertion of pulse generator	\$510.00
33213	Insertion of pulse generator	\$510.00
33233	Removal of pacemaker system	\$446.00
36475*	Endovenous rf, 1st vein	\$510.00
3647550*	Endovenous rf, 1st vein	\$765.00
36476	Endovenous rf, vein add-on	\$510.00
3647650	Endovenous rf, vein add-on	\$765.00
36478*	Endovenous laser , 1st vein	\$510.00
3647850*	Endovenous laser, 1st vein	\$765.00
36479	Endovenous laser vein add-on	\$510.00
3647950	Endovenous laser vein add-on	\$765.00
36834	Repair AV aneurysm	\$510.00
37500	Endoscopy ligate perf veins	\$510.00
3750050	Endocopy ligate perf veins	\$765.00
42665	Ligation of salivary duct	\$995.00
43237	Endoscopic us exam, esoph	\$446.00
43238	Upper gi endoscopy w/us fn bx	\$446.00
44397	Colonoscopy w/stent	\$333.00
45327	Proctosigmoidoscopy w/stent	\$333.00
45341	Sigmoidoscopy w/ultrasound	\$333.00
45342	Sigmoidoscopy w/us guide bx	\$333.00
45345	Sigmoidoscopy w/stent	\$333.00
45387	Colonoscopy w/stent	\$333.00
45391	Colonoscopy w/endoscope us	\$446.00
45392	Colonoscopy w/endoscopic fnb	\$446.00
46230	Removal of anal tags	\$333.00
46706	Repr of ana fistula w/glue	\$333.00
46947	Hemorrhoidopexy by stapling	\$510.00
49419	Insrt abdom cath for chemotx	\$333.00
51992	Laparo sling operation	\$717.00
52301	Cystoscopy and treatment	\$510.00
52402	Cystourethro cut ejacul duct	\$510.00
55873	Cryoablate prostate	\$1,339.00
57155	Insert uteri tandems/ovoids	\$446.00
57288	Repair bladder defect	\$717.00
58346	Insert heyman uteri capsule	\$446.00
62264	Epidural lysis on single day	\$333.00

<b>PROCEDURE CODES</b>	<b>DESCRIPTION</b>	<b>ALLOWED AMOUNT</b>
64517	N block inj, hypogastric plexus	\$446.00
64561	Implant neuroelectrodes	\$510.00
64581	Implant neuroelectrodes	\$510.00
64681	Injection treatment of nerve	\$446.00
65780	Ocular reconst, transplant	\$717.00
6578050	Ocular reconst, transplant	\$1,075.50
65782	Ocular reconst, transplant	\$717.00
6578250	Ocular reconst, transplant	\$1,075.50
65820	Relieve inner eye pressure	\$333.00
6582050	Relieve inner eye pressure	\$499.50
66711	Ciliary endoscopic ablation	\$446.00
6671150	Ciliary endoscopic ablation	\$669.00
67343	Release eye tissue	\$995.00
6734350	Release eye tissue	\$1,492.50
67445	Explr/decompress eye socket	\$717.00
6744550	Explr/decompress eye socket	\$1,075.50
67570	Decompress optic nerve	\$630.00
6757050	Decompress optic nerve	\$945.00
67912	Correction eyelid w/implant	\$510.00
6791250	Correction eyelid w/implant	\$765.00

\*Certificate of Medical Necessity form required

The following codes are being deleted from the list of Medicaid-covered ASC codes effective for services performed on or after November 1, 2005.

<b>Procedure Code</b>	<b>Description</b>
21440	Treat dental ridge fracture
23600	Treat humerus fracture
2360050	Treat humerus fracture
23620	Treat humerus fracture
2362050	Treat humerus fracture
53850	Prostatic microwave thermotx
69725	Release facial nerve

**Provider Bulletins** are available on the DMS Website at <http://www.dss.mo.gov/dms/pages/bulletins.htm>. Bulletins will remain on the Published Bulletin site only until incorporated into the [provider manuals](#) as appropriate, then moved to the Archived Bulletin site.

**Missouri Medicaid News:** Providers and other interested parties are urged to go to the DMS Website at <http://dss.missouri.gov/dms/subscribe/MedNewsSubscribe.htm> to subscribe to the list serve to receive automatic notifications of provider bulletins, provider manual updates, and other official Missouri Medicaid communications via e-mail.

**MC+ Managed Care:** The information contained in this bulletin applies to coverage for:

- MC+ Fee-for-Service
- Medicaid Fee-for-Service
- Services not included in MC+ Managed Care

Questions regarding MC+ Managed Care benefits should be directed to the patient's MC+ Managed Care health plan. Before delivering a service, please check the patient's eligibility status by swiping the red MC+ card or by calling the Interactive Voice Response (IVR) System at 573-635-8908 and using Option One.

**Provider Communications Hotline**  
**573-751-2896**